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130 CMR 507.000 is being repealed. 130 CMR 507.002 is being moved to 130 CMR 501.000. 130 CMR 507.003 is being moved to 130 CMR 506.000.

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~~507.001: Introduction~~

~~130 CMR 507.000 contains related program benefits that certain MassHealth members are eligible to receive. These services include reimbursement of certain out-of-pocket medical expenses, and enrollment in a group health insurance plan when the Division determines it is cost effective.~~

~~507.002: Reimbursement of Certain Out-of-Pocket Medical Expenses~~

~~(A) Eligibility Requirements. The following persons shall be entitled to reimbursement for certain medical expenses for which they paid, subject to the provisions of this section.~~

~~(1) A member who:~~

~~(a) applied for Supplemental Security Income (SSI);~~

~~(b) was denied SSI benefits by the Social Security Administration; and~~

~~(c) had his or her initial Social Security Administration denial overturned through a reconsideration process, administrative hearing, appeals counsel review, federal court review, or reopening under the Social Security Administration rules on administrative finality.~~

~~(2) A member who:~~

~~(a) applied for TAFDC or MassHealth;~~

~~(b) was denied TAFDC by the Department of Transitional Assistance, or was denied MassHealth by the Division; and~~

~~(c) had his or her initial denial overturned by a subsequent decision by DTA, the Division, the fair hearing process, or the judicial review process.~~

~~(B) Limitations.~~

~~(1) Reimbursement is limited to bills incurred on or after the date of initial MassHealth eligibility, and paid between the date of the erroneous eligibility decision and the date on which the member is notified of MassHealth eligibility. The bill must have been paid by the member, the member's spouse, the parent of a member, or a legal guardian.~~

~~(2) Reimbursement is also limited to amounts actually paid for care or services that would have been covered under MassHealth had eligibility been determined correctly, even if these amounts exceed the MassHealth rate. Before reimbursing a member for care or services that would have required prior authorization, the Division may require submission of medical evidence for consideration under the prior authorization standards. Reimbursement is available even though the medical care or services were furnished by a provider who does not participate in MassHealth.~~

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~~507.003: MassHealth Standard/CommonHealth Premium Assistance (MSCPA)~~

~~(A) Introduction. MassHealth may provide group health insurance subsidies to eligible MassHealth Standard or CommonHealth members or to Family Assistance members described at 130 CMR 505.005(D) if the member has:~~

- ~~(1) group health insurance; or~~
- ~~(2) potential access to group health insurance.~~

~~(B) Benefits.~~

~~(1) Persons who meet the categorical and financial requirements described at 130 CMR 505.002(D) and (F) and 505.004(B) and (C), and have health insurance or potential access to health insurance will receive MassHealth Standard or CommonHealth fee-for-service benefits for a time-limited period while MassHealth investigates the insurance to determine the following criteria:~~

- ~~(a) the availability of the health insurance to all family members;~~
- ~~(b) the cost effectiveness of the health insurance; and~~
- ~~(c) that the insurance meets the basic benefit level as described at 130 CMR 501.001.~~

~~(2) If MassHealth determines that the insurance meets the criteria at 130 CMR 507.003(B)(1), the applicant is notified in writing that MassHealth will provide benefits through MSCPA.~~

~~(3) Applicants may be eligible for an additional 60-day time-limited fee-for-service eligibility period if it is determined that the insurance meets the requirements, but additional time is needed for the applicant to enroll in the health insurance plan.~~

~~(4) Once enrolled in the health insurance plan, MassHealth provides premium assistance payments as described at 130 CMR 507.003(D). In addition, MassHealth pays for services not covered by the group health insurance, including the group health insurance deductibles and copayments that are greater than the MassHealth copayments.~~

~~(5) If MassHealth determines that the health insurance does not meet the criteria at 130 CMR 507.003(B)(1), the applicant is notified in writing of his or her continued eligibility for MassHealth Standard or CommonHealth.~~

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~~(C) Period of Eligibility. MassHealth continues to pay the health insurance premiums as long as MassHealth determines that the health insurance plan continues to be cost effective and meets the basic benefit level, and the member continues to be eligible for MassHealth Standard or CommonHealth.~~

~~(D) Method of Premium Payment. Monthly payments of health insurance premiums are made directly to the policyholder as determined by MassHealth. Proof of health insurance premium payments may be required from the parent or member. Premium assistance payments begin in the month of MassHealth's eligibility determination for MSCPA, or in the month the health insurance deduction begins, whichever is later. Each monthly payment is for coverage in the following month.~~

~~(E) Review of Cost Effectiveness and Basic Benefit Level Requirements. MassHealth reviews the cost effectiveness of each case at least once every 12 months for health insurance plans. In addition, reviews of the cost effectiveness are completed by MassHealth whenever the cost of the health insurance plan changes, when any persons under the policy are no longer eligible for MassHealth Standard, CommonHealth, or Family Assistance under rules described at 130 CMR 505.005(D), or when there is a change in the services covered under the policy that affects the basic benefit level requirements.~~

~~(F) Conditions of Eligibility. The member, or a person acting on the member's behalf, must cooperate in providing information necessary for MassHealth to determine the availability and cost effectiveness of group health insurance. Persons who are eligible to enroll in a group health insurance plan that MassHealth has determined to be cost effective, and who are otherwise eligible for MassHealth Standard or CommonHealth, must apply for enrollment and continue to be enrolled in the plan as a condition of MassHealth Standard or CommonHealth eligibility pursuant to 130 CMR 503.007.~~

~~(G) Failure to Cooperate. A child's eligibility for MassHealth Standard or CommonHealth is not affected by the parent's failure to cooperate.~~